Meyer (W.)

Trendelenburg's New Operating Table, Designed for Operations in the Posture Bearing his Name

BY

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ATTENDING SURGEON TO THE GERMAN AND NEW YORK SKIN AND CANCER HOSPITALS

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Trendelenburg's New Operating Table, Designed for Operations in the Posture Bearing his Name.[1]

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MR. CHAIRMAN AND GENTLEMEN: At the last meeting of the German Surgical Society, April 9 to 12, 1890,[2] and at the last session of the Surgical Section of the Tenth International Medical Congress, August 9, 1890, Professor Trendelenburg, Chief of the Surgical Clinic at the University of Bonn, Germany, presented his new operating table, a specimen of which was brought along by me from abroad, and is now before you for inspection.

The table, made of iron, japanned, was specially constructed and designed for such operations which are performed with advantage in the posture first recommended by Trendelenburg, in the year 1884,[3] viz., for all opera-

[1] Demonstrated before the Surgical Section of the New York Academy of Medicine, October 13, 1890.

[2] Centralbl. f. Chirurg., No. 25, 1890, Beilage, p. 28.

[3] Willy Meyer: Ueber die Nachbehandlung des hohen Steinschnittes, etc., von Langenbeck's Archiv, vol. xxxi., 3, p. 514.

tions inside of the bladder (supra-pubic cystotomy, especially if done for the extirpation of vesical growths, plasty

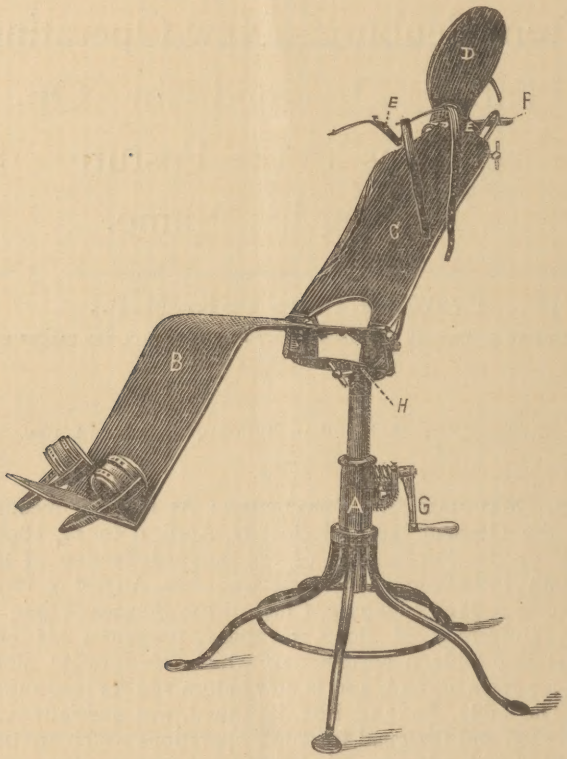

FIG. 1.

for vesico-vaginal and uretero-vaginal fistula, as well as utero-vesical fistula), and for laparotomies performed for troubles which are located in the small pelvis. Extirpation of large uterine myomata and fibromata, requir-

ing total removal of the diseased organ, resection of the small intestine for fecal fistula, resulting from a strangulated gangrenous inguinal or ventral hernia, etc.,[1] are also rendered much easier with the help of this posture.

Since the method was published, it has been tried by a great many surgeons and gynecologists in nearly every country. By far the majority of them were exceedingly satisfied with the same. The only difficulty connected with this posture, which became especially evident in operations occurring in private practice, was to provide a proper and steady support for the patient in the reclined position, without the help of an extra nurse.

Until now I used to fasten a strong kitchen-chair, turned upside down, on a kitchen table, and sawed off the posterior (upper) legs of the chair at the level of the cross bar. The whole inclined plane thus formed by the back of the chair was then covered with folded blankets and a sheet, held in position by a roller-bandage. On this the patient was put, pointing with the head to the window. The legs were either held by a nurse, who turned his back toward the patient,[2] or by a stretcher (Clover's crutch). If the latter was used, the patient's knees rested on the cross-bar of the chair, which, of course, was well padded. In the hospital we used a similar arrangement. But as there always are many hands at our disposal, this slight inconvenience connected with the posture was less perceptible.

Trendelenburg's new table meets this insufficiency of the method in a simple and excellent way, and offers besides many new and important advantages.

It has been constructed by him, in connection with Mr. F. A. Eschbaum, the surgical instrument maker at Bonn,

[1] Von Langenbeck's Archiv, l. c.; and F. Trendelenburg, Ueber Blasenscheiden-Fistel-Operationen und ueber Beckenhochlagerung bei Operationen in der Bauchhoehle, Volkmann's Sammlung klinischer Vorträge, No. 355.

[2] See picture in A Contribution to the Surgery of the Bladder, by Willy Meyer, New York Medical Journal, February 23, 1889, and von Langenbeck's Archiv, l. c.

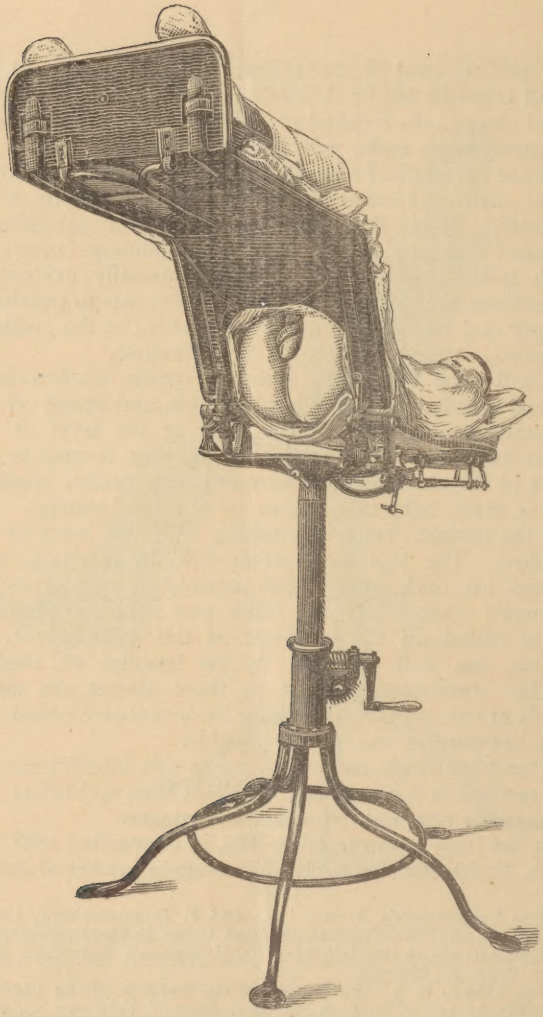

FIG. 2.

for the special purpose of putting the patient into the required position with great ease, and to bring him back

FIG. 3.

into the horizontal and erect sitting position with a similar simplicity. This enables us to avoid difficulties

which may probably arise during a bad narcosis. It may also prove beneficial in other respects.

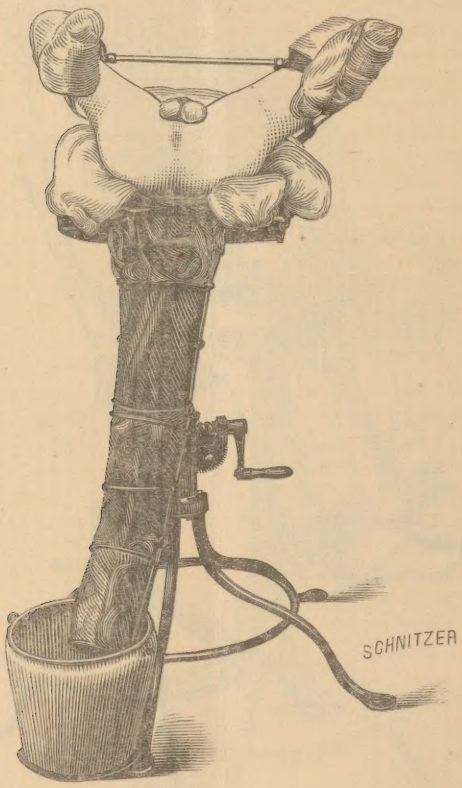

FIG. 4.

The table consists of four parts, which can be easily put together, and just as simply taken apart. They are small enough to be sent by an express-wagon to the pa-

tient's home. The four parts[1] are: 1. The pedestal (Fig. 1, *a*); 2, the seat, which has the shape of a coachman's seat on a carriage (Fig. 1, *b*); 3, the rest for the back (Fig. 1, *c*), and 4, that for the head (Fig. 1, *d*). Two movable shoulder-holders (Fig. 1, *e*) are attached to the back-rest.

The back-rest and the seat are connected together by hinges. If everything is in place the table is brought into Trendelenburg's posture by pressing down the handle at the top of the back-rest (Fig. 1, *f*). The table can be lowered to thirty-one inches from the ground, and raised to forty-six inches, by means of a rack and pinion (Fig. 1, *g*), and also swung around a vertical axis (Fig. 1, *h*). If we operate with the help of light which comes from the side, we can always get a full daylight view of the small pelvis and its contents, without moving the whole table. There is a trap-door in the seat of the chair (Fig. 2). If we open it, the whole perineum —urethra (bladder), rectum, or vagina—becomes accessible and can be fully explored, while the patient remains entirely undisturbed in the recumbent position. This proves to be of great advantage in many cases; for instance, if we wish to ascertain the fundus of the bladder with a catheter, which has to be introduced into the bladder during hysterectomy, performed with the help of laparotomy, in closing a vesico-vaginal fistula with the help of epicystotomy,[2] etc.

The patient is put on the table as on an ordinary office chair (Fig. 3). The feet are tied by straps (Fig. 3), and the shoulders caught by the holders mentioned above. Now we can fasten the table with the patient on it "in any height and in any angle of inclination to the horizon, as well as to the meridian, just as we move an astronomical telescope on its foot." If we want to do

[1] The photographs were kindly taken by Dr. F. E. Sondern, of the house-staff of the German Hospital.

[2] Von Langenbeck's Archiv, Bd. xxxi., p. 522; and v. Volkmann's klinische Vortraege, No. 355, p. 10.

external urethrotomy for permanent drainage of the bladder, after epicystotomy has been performed in Trendelenburg's posture, and the bladder closed by sutures, the table offers great advantages. We only need to swing the table around in an arc of one hundred and eighty degrees, take the seat out of its hinges, spread the legs with the help of a stretcher, and all is at once ready for the operation on the perineum (Fig. 4). Of course this position holds also good for any other operation on the perineum, vagina, rectum, etc.

I proposed to Mr. Eschbaum to make a number of substitute seats, which are also here before you. If a simple plane be substituted for the curved seat, the table can be well used in the office for ordinary examinations and operations. If we use a narrow seat with divergent foot-holders, which keep the thighs wide apart, urethroscopy can be comfortably performed, and all such operations on skull and face in which the surgeon prefers to let his patient sit up. The operator will have ample room to stand right in front of the patient, between the thighs.

There is no doubt that Trendelenburg's posture has been greatly improved by his new table, and will be still more generally adopted by the use of the same. The table deserves to be found in the operating-room of every public and private hospital.